

A POLICY STATEMENT
of the
NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
for the
CANCER AND SMOKING DISEASE RESEARCH PROGRAM

Heart disease and cancer are two top causes of death in Nebraska. Smoking is a major determinant of both diseases, as well as many other health problems, and is the most important preventable cause of death in Nebraska. A better understanding of cancer and smoking-related disease is needed at all levels from the molecular changes occurring in the cell to the physical and behavioral changes caused by smoking to the individual and the population as a whole.

The attached list highlights issues in cancer prevention and control encouraged by the Department of Health and Human Services. Primary prevention holds promise as the most cost-effective approach to reducing cancer and smoking-related disease. The midcourse review of Nebraska's progress toward achieving its 2012 health goals and objectives reveals that although the overall population has shown improvement in several 2012 cancer-related objectives, racial and ethnic minorities continue to experience health disparities. Death rates due to lung cancer among African Americans, Native Americans, Asian Americans and Hispanic Americans, has increased from the baseline. Death rates due to breast cancer increased among African Americans. Death rates due to chronic obstructive disease (COPD) have increased among Native Americans. Death rates due to coronary heart disease and stroke has increased among Asian Americans. It is unacceptable that racial and ethnic minorities experience poorer health outcomes. Consequently, the highest priority will be given to research relating directly to the prevention of cancer and smoking-related disease in racial and ethnic minorities, or to the prevention or cessation of smoking in racial/ethnic minorities.

Secondary prevention, which is the detection of cancer and smoking-related disease at the earliest possible stage provides additional opportunities for reducing the impact of these diseases. Accordingly, research designed to enhance the early detection of cancer and smoking-related disease will be given second priority. Research aimed at treatment of cancer and smoking-related disease, and at etiological questions less directly related to prevention, will be accorded third priority.

Over the long term, Nebraskans should expect to see a research program in place that includes areas of research that are relevant to the particular health problems of Nebraskans, provides a basis for improvements in the health care delivery system in our state, and reflects an effective utilization of existing research resources in the state. Therefore, research that addresses issues of particular relevance to Nebraska and Nebraskans is strongly encouraged.

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Cancer Prevention and Control Research

- Prevention (chemoprevention, diet and nutrition, and early detection)
- Health promotion sciences (modifying personal, social, lifestyle, and health care system factors which contribute to cancer prevention and control)
- Smoking prevention and cessation
- Cancer control research and evaluation
- Applied epidemiology (using epidemiologic methods to determine the association between exposure to an INTERVENTION and its impact on disease)
- Conducting epidemiologic studies and surveys aimed at formulating effective cancer control interventions
- Applications research in modifying, feasibility testing, and adopting proven, state-of-the-art intervention programs and strategies from other research projects in state and local health agencies or other community settings. Also adoption of state and local health agency data bases for cancer control planning and evaluation
- Community oncology (improving the application of patient management and continuing care research advances into community settings)